

Dr. Arnow

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

State File No.

127

Registrar's No.

189

1. Place of Death: (a) County Maricopa (b) City or Town Gilbert/Rural (c) Location 2 mi. S. 1 1/2 mi. E.  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution home; In Community 16 mos.; In Arizona 16 mos.  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Gilbert/R  
(If outside city limits also write RURAL)  
(d) Street No. 2 miles So. & 1 1/2 Miles East of Gilbert; (e) Citizen of foreign country (Yes or No) No  
3. (a) FULL NAME Ozelle Lamb (b) If Veteran No (c) Social Security No. None

4. Sex Female 5. Race White ☒ Indian ☐ Negro ☐ 6. (a) Single, married, widowed or divorced Single  
8. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased May 28, 1945  
(Month) (Day) (Year)  
8. AGE: Years 1 Months 4 Days 4 If less than one day  
hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Mesa, Arizona  
(City, town or county) (State or Country)

10. Usual Occupation None

11. Industry or Business \_\_\_\_\_

12. Name Edwin Nathan Lamb  
13. Birthplace Bluewater, New Mexico  
(City, town or county) (State or Country)

14. Maiden Name Jennie Bloomfield  
15. Birthplace Ramah, New Mexico  
(City, town or county) (State or Country)

16. (a) Informant's own signature Edwin N. Lamb  
(b) Address Gilbert, Ariz.

17. (a) Burial, Cremation or Removal Burial  
(b) Place Mesa, Ariz. (c) Date 10-5-45

18. (a) Embalmer's Signature W. N. Daybill  
(b) Funeral Director Meldrum Mortuary  
(c) Address Mesa, Arizona

19. (a) Oct. 15, 1945  
(Date received Local Registrar)

(b) [Signature]  
(Registrar's Signature)

40M-100% Rag-6-10-44

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct. 2, 1945  
TIME (Hour and minute) 9 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
Did not see alive  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Drowning

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within three months of death)

Major findings: None  
Of operations \_\_\_\_\_

Of autopsy None

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) Accident  
(b) Date of occurrence Oct. 2, 1945  
(c) Where did injury occur? Near Gilbert, Mari., Arizona  
(City or Town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? about home  
(Specify type of place)

While at work? No (e) Means of injury Drowning  
JUSTICE OF PEACE

23. Signature [Signature] M. D.  
Address Box 2 - Mesa, Arizona Date signed Oct 15/1945